



Enterprise Project Management Office

PROJECT MANAGEMENT TRAINING

www.oits.ks.gov/kito

REGISTRATION FORM FOR PM TRAINING

Directions: Complete the form, and email as indicated below.

Employee I.D.#: _____ Name: _____
(Required) Last, First MI
E-Mail Address: _____ State agency # or FEIN: _____
Agency Name: _____ Division/Bureau: _____
Work Address: _____
Work Phone: _____

Enrollment Statement: All participants attending project management training are required to act in a professional manner. Each participant shall promote, support, focus on, and demonstrate respect for all people and positively contribute to an inclusive training environment for all participants.

Employee's Signature Indicates Acknowledgment: _____

Supervisor's or HR Manager's Signature Indicates Approval to Attend _____ Date _____

Supervisor's Email Address: _____ Supervisor's Phone: _____

Please enroll me for the following course(s):



Please check box if you do NOT wish to receive future KITO Training announcements. (I opt out)

An Interfund Voucher or Invoice will be initiated after the class. Please include billing information:

Billing Contact: _____

Billing Address: _____

This form can be completed electronically and emailed to: KITO@ks.gov

If you need special accommodations, please call (785) 368-7161 at least ten (10) days prior to class.

Cancellation Policy:

Cancellations up to twenty (20) business days prior to the class date – 100% refund

Cancellations less than twenty (20) business days prior to the class date – no refund